Waikato District Health Board

May 2013

PUBLIC HEALTH BULLETIN

Communicable diseases notified May 2013

Disease name	May 2012	May 2013	YTD	Disease name	May 2012	May 2013	YTD
Brucellosis	0	0	0	Meningococcal disease	1	1	3
Campylobacteriosis	41	44	248	Mumps	0	0	0
Chemical poisoning environment	0	0	0	Murine Typhus	0	0	0
Cryptosporidiosis	2	19	117	Paratyphoid fever	0	0	0
Dengue fever	1	0	0	Pertussis	17	17	205
Gastroenteritis: unknown cause	6	2	16	Poliomyelitis	0	0	0
Gastroenteritis: foodborne intoxication	0	0	4	Q fever	0	0	0
Giardiasis	21	19	80	Rheumatic fever - initial attack	5	3	6
Haemophilus Influenza B	0	0	0	Rheumatic fever – recurrent attack	0	0	1
Hazardous substances injury	0	0	0	Ross River virus infection	0	0	0
Hepatitis A	1	0	0	Salmonellosis	9	5	35
Hepatitis B	0	0	1	Shigellosis	1	0	2
Hepatitis C	0	0	1	Taeniasis	0	0	0
Hydatid disease	0	0	0	Tetanus	0	0	0
Invasive pneumococcal disease	6	3	10	Toxic Shellfish Poisoning	0	0	0
Lead absorption	0	0	6	Tuberculosis latent infection	5	1	6
Legionellosis	0	0	3	Tuberculosis disease - new case	2	1	8
Leptospirosis	3	0	4	Tuberculosis disease - relapse or reactivation	0	0	1
Listeriosis	0	0	0	Tuberculosis infection - on preventive treatment	1	0	0
Listeriosis – Perinatal	0	0	0	Typhoid fever	0	0	1
Malaria	0	0	0	VTEC/STEC infection	0	4	37
Measles	0	0	0	Yersiniosis	8	5	11

A reminder: Azithromycin and Pertussis

As you are aware since December 2012, a five day course of Azithromycin is now a fully funded alternative option to the 14 day course of Erythromycin for pertussis management. Being a shorter course, it should make completion easier thus preventing further transmission. It has been noted, a number of GPs are continuing to prescribe a 10 day course of Erythromycin which is not an evidence based adequate duration.

Dosage (from Ministry of Health Immunisation Handbook 2011 page 147)

Less than 6 months old
Azithromycin suspension
10mg/kg/day for 5 days as a single daily dose

Children 6 months or older
Azithromycin 10mg/kg as a single dose on day 1 (max 500mg) then 5mg/kg/day on days 2-5 (max 250mg /day)

Adolescents and Adults
Azithromycin 500mg as a single dose on day 1, then 250 mg as a single dose on days 2-5.

Free Pertussis vaccine for infants' households

In Waikato and nationally, the rates of pertussis cases are decreasing, but are still higher than the expected background rate (Figure).

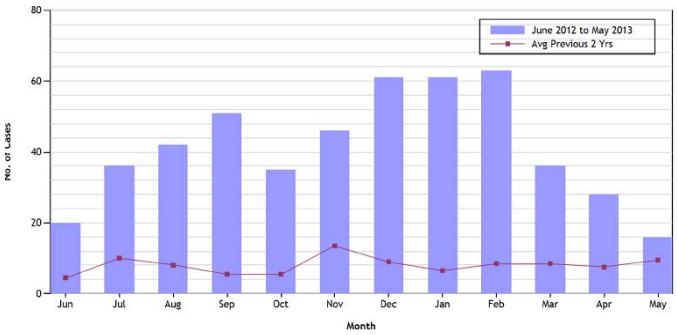
Last year, Waikato DHB purchased pertussis vaccine which was offered to pregnant women from 20 weeks gestation to 2 weeks post partum. Unfortunately uptake was not as high as hoped. We therefore have unused vaccine that will expire in September 2013. Approximately 800 doses of vaccine remaining are being distributed to practices now.

While the disease rates remain higher than usual, we are making this, soon to be expired, stock available to non-immune close household members i.e. partners of pregnant women. Women should be systematically offered vaccine antenatally, as per the recommendations. This free vaccine for partners etc. is only available via the Waikato DHB pertussis vaccine process, see below.

You can order funded vaccine from Propharma: please talk to your PHO about obtaining the relevant form or code to do this.

It is suggested that you enter the vaccination event in Medtech 32, on the 2nd immunisation tab, select the 11yr dTap (remove the tick) and write in the notes space Pregnant Program or something similar. Practices will be funded for the administration costs of supplying this vaccine. Contact your PHO if you are unsure how this occurs.

Figure: Number of notified cases of pertussis over the last year and the previous two year average, June 2012- May 2013.



Safe sleeping position for infants

The Waikato DHB has developed a short advert showing the safe sleeping position for infants. The DVD is available to view online at: http://www.youtube.com/watch?v=BpL2mTfBXCs. If you have a TV in your waiting room and would like to show this video, please email: clare.simcock@waikatodhb.health.nz to arrange for a free copy.

The advert will be available in still format soon.

Rubella outbreak in Japan

From January 1 to May 1, 2013, Japan has reported a total of 5,442 rubella cases via the rubella surveillance system in, with the majority (77%) of cases occurring among adult males. Ten infants with Congenital rubella syndrome (CRS) were reported during October 2012–May 1, 2013.

In New Zealand, a proportion of the community is likely to be non-immune to this disease, in particular males. Rubella vaccine was offered to girls only from 1979 until 1990 when MMR was introduced to the schedule for all infants at age 15 months. A second dose of MMR at age 11yrs (school year 7) was added to the schedule in 2001.

There is also concern that misinformation regarding MMR vaccine due to a discredited and fraudulent study in 1998 has resulted in lower uptake of the vaccine leaving some vulnerable to rubella who are now approaching their child bearing years.

Maternal rubella in the first eight weeks of pregnancy results in fetal damage in up to 85 per cent of infants and multiple defects are common. The risk of damage declines to 10–20% by about 16 weeks' gestation, and after this stage of pregnancy, fetal abnormalities are rare.

All women of childbearing age should be screened to check their rubella immunity; an opportunity arises at contraception consultations. MMR vaccine is available and funded for all susceptible adult women, but must be given at least four weeks prior to pregnancy. The vaccine is contra-indicated during pregnancy. This would also be an opportunity to discuss HPV vaccination if not previously vaccinated (the vaccine is funded if the first dose is administered prior to her 20th birthday).

All women are screened for rubella immunity during pregnancy, and susceptible women are offered MMR vaccine after delivery. Pregnant women with a rubella antibody level below 15 IU/mL should be counselled to avoid contact with known cases of rubella. If the antibody level is below 15 IU/mL, the woman should be offered MMR after delivery if she has not already received two doses of a rubella-containing vaccine.
http://www.health.govt.nz/publication/immunisation-handbook-2011 Chapter 12

Updating NIR

A reminder to please let the National Immunisation Register know if families have gone overseas or transferred to other areas/clinics. Outreach providers have been spending time trying to locate children to find they left the district months ago.

Boostrix dTap-11Y vaccination event will now be recorded on the NIR

The Ministry of Health has enabled capability **for manual entry only** of the dTap-11Y vaccination event, allowing for the event to be recorded on the NIR.

School based vaccination programme: The child's GP will receive notification of the vaccination event being loading onto the NIR in their PMS provider in-box for acceptance. **Please note that the dTap-11Y event needs to be the event scheduled in their PMS,** and not the historic AG-dTap-IPV-11Y to ensure the vaccination update is successful.

GP vaccination of the dTap-11Y: The birth cohort rule currently prohibits the electronic loading of dTap-11Y vaccination events from the practice management system eg Medtech32 onto the NIR for children born before 2005. Until this issue is resolved, please notify the NIR of any year 11 dTap vaccinations so that they can be loaded manually, preferably via fax on 07 834 3694.

H7N9 Influenza: Important interim information for Medical Officers of Health, Clinicians and Laboratories Updated 17 June 2013 source MOH

Key changes

- Updated case numbers, epidemiology, clinical descriptions and weblinks

- Updated testing recommendations and case definitions, taking into account the most recent advice from WHO, in particular:
  - period of exposure (travel or contact with cases) increased to two weeks (was previously 7 days)
  - highlighting the importance of monitoring and testing any clusters of unexplained **severe acute respiratory infections.**

Summary
Between 31 March and 17 June 2013, 132 cases of influenza A(H7N9), including 37 deaths, have been reported in China (updated numbers are available on WHO website: http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html).

Please refer to WHO website on the current situation, including epidemiological updates, Q&A and guidance documents:

Disease Outbreak News
http://www.who.int/csr/don/en/index.html
Avian influenza A(H7N9) virus
http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html
Influenza at the Human-Animal Interface
http://www.who.int/influenza/human_animal_interface/en/.

Most reported cases with confirmed H7N9 infection have occurred in middle-aged or older men with underlying chronic conditions. Cases presented with pneumonia, with most of these patients being severely ill. There is currently no evidence of ongoing human to human transmission.

Although the environmental source has not yet been definitively determined, most of the confirmed cases are reported as having had a history of recent exposure to poultry, generally in a live animal "wet market" environment.

In patients with severe acute respiratory illness with a history of travel to China, or contact with known confirmed or probable cases of H7N9 influenza, within two weeks of illness onset, the following is recommended:

Place the patient in a single room with negative pressure air-handling, or a single room from which the air does not circulate to other areas, and implement standard and transmission-based precautions (contact and airborne), including the use of personal protective equipment (PPE).

Investigate and manage the patient as for community acquired pneumonia. Appropriate specimens should also be collected for influenza PCR testing.

Notify any suspect, probable or confirmed cases promptly to the local Medical Officer of Health.

Dell Hood -- Anita Bell -- Felicity Dumble -- Richard Wall: Medical officers of health

MOoH after hours 021 359 650
If there is no answer, please contact Waikato Hospital's switchboard 07 839 8899 and ask for the on-call MOoH.
During office hours **Population Health** (**07) 838 2569**

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